



Boys & Girls Club of the Southern Ute Indian Tribe
Registration Card

School Year
2024-2025

Members Last Name: _____ Members First Name: _____

Birth Date: ___/___/___ Age: ___ Grade : _____ Home Number: _____ Date: ___/___/___
(THIS SCHOOL YEAR)

Parent/Guardians Name: _____ Phone Number: _____

Parent/Guardians Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____
(NOT Parent/guardian)

Emergency Contact: _____ Phone Number: _____
(NOT Parent/Guardian)

Medical Alerts: _____
Authorized Person(s) to pick up child other than both parents listed above

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____



Boys & Girls Club of the Southern Ute Indian Tribe
Registration Card

School Year
2024-2025

Members Last Name: _____ Members First Name: _____

Birth Date: ___/___/___ Age: ___ Grade : _____ Home Number: _____ Date: ___/___/___
(THIS SCHOOL YEAR)

Parent/Guardians Name: _____ Phone Number: _____

Parent/Guardians Name: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____
(NOT Parent/guardian)

Emergency Contact: _____ Phone Number: _____
(NOT Parent/Guardian)

Medical Alerts: _____
Authorized Person(s) to pick up child other than both parents listed above

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

